SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1996.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000072009 (8)

A. C. TRANSPORT, INC.

FILED Jul 15 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		1 (001) 001 (10 chill) (001) Saill Saill Saill Saill Saill (0010 110) (401) 601(4 101) 1601
3007 E. EVERGREEN AVE. 3007 E. EVERGREEN AVE.			
JACKSONVILLE FL 32206	JACKSONVILLE FL 32206		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			08/18/1997
2. Principal Place of Business	2a. Mailing Address		4, FEI Number Applied For
21	26		59-346 5347 Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of C	+ _ +	11-	10. Name and Address of New Registered Agent
COLLINS, RAYMOND A		81	Name
3007 E. EVERGREEN AVE.		\ <u>-</u>	(0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
JACKSONVILLE FL 32206		82 3	Street Address (P.O. Box Number is Not Acceptable)
ALIANIA TITLE I E APEAN		83	
		B4 C	Eity FL 85 Zip Code
11. Pursuant to the provisions of sections 60	7 0502 and 607 1508 Florida Statute	e the above na	med corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the	State of Florida. Such change was a	authorized by th	e corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the	obligations of, section 607.0505, FR	orida Statutes.	
SIGNATURE Signature, typed or printed name of register	ed scant and title if applicable (N/	OTE: Repistered Agen	signature required when reinstating) DATE
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE	Change Addition
NAME COLLINS, RAYMOND A	L_J DELETE	1.2 NAME	Change Addition
STREET ADDRESS 3007 E. EVERGREEN AVE		1.3 STREET AD	2230
CITY-ST-ZIP JACKSONVILLE FL 32206	•	1.4 CITY-ST-ZIF	.
TITLE GROND TITLE	DELETE	2.1 TITLE	Change Addition
NAME	C DECEIE	2.2 NAME	Change [] Adolpon
STREET ADDRESS		2 3 STREET AD	DECC
		2.4 CITY-ST-ZIF	1
CITY-ST-ZIP	Const	3.1 TITLE	
NAME	L_ DELETE	3.2 NAME	Change Addition
ſ			NOTE:
STREET ADDRESS		3.3 STREET AD	
CITY-ST-ZIP		3.4 CITY-ST-ZIF	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS .		4.3 STREET AD	
CITY-ST-ZIP		4.4 CITY-ST-ZIF	
TITLE	L DELETE	5.1 TITLE	Change L_ Addition
NAME		. 5.2 NAME	}
STREET ADDRESS		5.3 STREET AD	1
CITY-ST-ZIP		5.4 CITY-ST-ZIF	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME	[_] OECE1E		
Traile	C OECE1E	6.2 NAME	
STREET ADDRESS		6.2 NAME 6.3 STREET AD	
STREET ADDRESS CITY-ST-ZIP	_	6.3 STREET AD	DRESS

an officer or director of the corporation or the receiver or trustee empowered to execute this rep in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE LOUY MOTHER OF PRINTED NAME OF

MAYMOND A COLLINS